



County of San Diego

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HEALTH AND HUMAN SERVICES AGENCY

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PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES
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Community Epidemiology
Emergency & Disaster Medical Services
HIV/STD Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
Public Health Nursing/Border Health
TB Control & Refugee Health
Vital Records

Date: _____

Patient Name: _____

DOB: _____

Dear Doctor:

Your patient has been identified as having significant exposure to an individual suspected of having active, infectious pulmonary tuberculosis. As per the recommendations of the Centers for Disease Control and Prevention (CDC) and other authorities in the treatment of tuberculosis, individuals who have been recently exposed should be evaluated for TB infection and disease.

The risk of tuberculosis disease can be reduced when treatment for latent TB infection (LTBI) is initiated early. Please note that the tuberculin skin test (TST) may take 8 to 10 weeks to become positive after a person has been infected with tuberculosis. **Please review the appropriate recommendations for your patient in the attached chart.**

Any person suspected of having active tuberculosis should be reported within one day of evaluation to our office at (619) 692-8610.

We hope these suggestions are helpful to you in evaluating your patient. If you have any questions or comments, please contact our office at (619) 692-8631 and ask for the Nurse of the Day. In addition, the latest CDC treatment recommendations can be accessed at: www.cdc.gov/nchstp/tb. Other resources, including guidelines for reporting TB, are available on our website at www.sandiegotbcontrol.org.

Sincerely,

Kathleen S. Moser, M.D., M.P.H.
Chief, Tuberculosis and Refugee Health Services

| Testing and Treatment Recommendations for Individuals Exposed to Active TB Disease | | | | | |
|---|---|--|--|--|--|
| Patient | Risk | Initial TST | Additional Exams | If initial and repeat TST is negative | If initial or repeat TST is positive |
| Children under 5 years of age | Able to progress rapidly from primary infection to disseminated disease, including meningitis. | Place a Mantoux method tuberculin skin test (TST) and read in 48-72 hours. | Regardless of TST results, evaluate the child with clinical and CXR exams. | If active disease has been ruled out and the TST, by the Mantoux method, is 0-4mm: <ul style="list-style-type: none"> Start treatment for presumptive LTBI immediately. Repeat TST 8-10 weeks after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, discontinue treatment¹. | If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment If using Isoniazid (INH), the recommended treatment course is 9 months. |
| Immunocompromised Individual <ul style="list-style-type: none"> HIV-positive persons Patients receiving immunosuppressive therapy (e.g. chemotherapy, anti-TNF, organ transplant recipient, equiv. to $\geq 15\text{mg/day}$ of prednisone for ≥ 1 month) | Able to rapidly progress from primary infection to disseminated disease. May be unable to develop a positive TST reaction even if infected. | Place a Mantoux method TST and read in 48-72 hours. | Regardless of TST results, evaluate the patient with clinical and CXR exams. | If active disease has been ruled out and the TST, by the Mantoux method, is 0-4mm: <ul style="list-style-type: none"> Start treatment for presumptive LTBI. Repeat TST 8-10 weeks after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, re-evaluate continuation of therapy in consideration of the patient's level of exposure, current immune status, and final results of the suspected source case's evaluation. | If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Initiate or continue LTBI treatment If using INH, the recommended treatment course is 9 months. |
| All Other Individuals | Risk of progressing from TB infection to TB disease is high within the first two years after becoming infected. | Place a Mantoux method TST and read in 48-72 hours. | Regardless of TST results, evaluate the patient for any signs or symptoms of TB disease. | If the patient has no signs or symptoms of active TB disease and the TST, by the Mantoux method, is 0-4 mm: <ul style="list-style-type: none"> Treatment for presumptive LTBI need not be started. Repeat TST 8-10 weeks after contact with the infectious patient has ended. If the repeat TST remains 0-4 mm, no further action is needed. | If initial or repeat TST is 5 mm or greater and active disease has been ruled out: <ul style="list-style-type: none"> Evaluate person for LTBI treatment Must have a CXR prior to LTBI treatment. If using Isoniazid (INH), the recommended treatment course is 9 months. |
| An individual with a documented positive TST prior to current exposure | Reinfection is possible, but limited risk in immuno-competent contacts. | Obtain verification of the past positive skin test. | Obtain CXR to rule out current disease. | Note: Patient may be a candidate for treatment of LTBI based on pre-existing TB infection, not related to the recent exposure. | |

¹Children less than 6 months old may be unable to develop TST response, even if infected.